

Atty Docket No. 020425-105100US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Ojo O. Oyebisi

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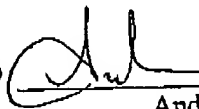
I hereby certify that the following documents in re Application of Olga Milosavljevic, Application No. 09/880,170, filed June 12, 2001 for SYSTEM AND METHOD FOR INCOME PLANNER are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Sheet-1 Page
2. Amendment-20 Pages

Number of pages being transmitted, including this page: 22

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Andrea S. Beck

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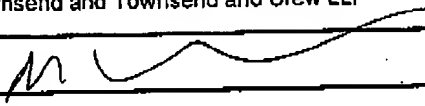
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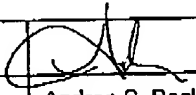
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PTO/SB/21 (06-09)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/880,170
	Filing Date	June 12, 2001
	First Named Inventor	Milosavljevic, Olga
	Art Unit	3696
	Examiner Name	Ojo O. Oyeblsi
	Attorney Docket Number	020425-105100US
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/déclaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account No. 20-1430.

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